Tufts Medicare Preferred HMO Skilled Nursing Facility Payment Policy

Applies to the following Tufts Health Plan products:

- ☐ Tufts Health Plan Commercial (including Tufts Health Freedom Plan)
- ☒ Tufts Medicare Preferred HMO (a Medicare Advantage product)
- ☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting skilled nursing facilities. For information on Tufts Health Plan Senior Care Options, click here. For information on Commercial, click here.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

### POLICY

Tufts Health Plan covers medically necessary skilled nursing facility (SNF) services, in accordance with the member’s benefits.

**Custodial Care**

Tufts Health Plan does not provide coverage for custodial care unless it is provided in conjunction with skilled nursing care and/or skilled rehabilitation services.

### GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member’s benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider website or by contacting Senior Products Provider Relations.

### AUTHORIZATION/NOTIFICATION REQUIREMENTS

As a condition of payment, Tufts Health Plan requires inpatient notification for any member who is being admitted to a SNF, regardless of whether Tufts Health Plan is the primary or secondary insurer.

Inpatient notification must be obtained via electronic submission on the secure Provider website or by faxing a completed Inpatient Notification Form, along with the supporting clinical documentation, to the Precertification Operations Department.

Note: No other forms will be accepted. Incomplete forms will be returned to the submitting provider for completion and resubmission. Processing the request will be delayed until all required information is returned to Tufts Health Plan.

The facility must notify Tufts Health Plan prior to an elective admission to obtain an inpatient notification number, following the submission processes outlined in the Senior Products Provider Manual. Urgent/emergency admissions must be reported by 5 p.m. on the next business day following admission.

Tufts Health Plan determines the appropriateness for admission and the level of care (LOC) with the facility based on the clinical information presented at the time of admission and appropriate criteria. Tufts Health Plan performs ongoing review of the member’s clinical information in order to determine the member’s continued status and LOC. Any disagreements with the member’s LOC should be discussed directly with the Tufts Health Plan CM. Refer to the Tufts Medicare Preferred HMO Care Management List to identify the correct CM.

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1 Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.
Note: Each time there is a change in the member’s LOC, a new inpatient notification number will be assigned as if it were a new admission. Therefore, each LOC will have a distinct inpatient notification number.

Refer to the SNF Level of Care Guidelines for clarification and descriptions of each LOC.

Note: A referral is not required for members for behavioral health services rendered in place of service 31 (SNF inpatient) or 32 (SNF outpatient). This applies to both skilled and custodial admissions.

Services Excluded From the Per Diem
Services excluded from the per diem must be authorized as medically necessary by Tufts Health Plan and be obtained from a contracting provider. Any nonemergency service that is not authorized or provided by a Tufts Health Plan provider will be the responsibility of the ordering facility. Coverage requests for services that are not approved are subject to the organization determination process described at 42 CFR422.566 et seq.

Custodial Care
The facility must notify Tufts Health Plan of all custodial admissions. Providers may contact Senior Products Provider Relations at 800.279.9022 to request documentation of noncoverage custodial care in order to facilitate billing to other potential sources of payment.

BILLING INSTRUCTIONS
Tufts Health Plan follows AMA CPT/HCPCS coding guidelines. Refer to current industry standard coding guidelines for a complete list of procedure codes, modifiers and their usage. Refer to the Professional Services and Facilities Payment Policy for more information.

- Any services excluded from the per diem should be billed to Tufts Health Plan directly by the contracting provider
- Submit separate claims for each inpatient notification number or distinct LOC.

The following LOC/service descriptions must be billed with the corresponding revenue code(s). The LOC billed must match the LOC and length of stay that was authorized.

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Service Description</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1A</td>
<td>Skilled evaluation</td>
<td>0190</td>
</tr>
<tr>
<td>Level 1/1B</td>
<td>Skilled nursing and/or skilled rehabilitation</td>
<td>0191</td>
</tr>
<tr>
<td>Level 2</td>
<td>Subacute nursing and/or subacute rehabilitation</td>
<td>0192</td>
</tr>
<tr>
<td>Level 3</td>
<td>Subacute nursing and/or subacute rehabilitation – ventilation program</td>
<td>0193</td>
</tr>
</tbody>
</table>

Outpatient Therapy Services Covered Under Part B
Skilled therapy services are covered for members in custodial care under the member's Medicare Part B benefit. Physical (PT), occupational (OT) and speech therapy (ST) services may be billed by the facility only with the following procedure codes, as described in the provider agreement, and only when prior authorization has been given by Tufts Health Plan.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>92507</td>
<td>ST treatment</td>
</tr>
<tr>
<td>92521</td>
<td>Evaluation of speech fluency</td>
</tr>
<tr>
<td>92522</td>
<td>Evaluation of speech sound production</td>
</tr>
<tr>
<td>92523</td>
<td>Evaluation of speech sound production with evaluation of language comprehension and expression</td>
</tr>
<tr>
<td>92524</td>
<td>Behavioral and qualitative analysis of voice and resonance</td>
</tr>
<tr>
<td>92610</td>
<td>Evaluation of oral and pharyngeal swallowing function</td>
</tr>
<tr>
<td>97161</td>
<td>Physical therapy evaluation: low complexity</td>
</tr>
<tr>
<td>97162</td>
<td>Physical therapy evaluation: moderate complexity</td>
</tr>
<tr>
<td>97163</td>
<td>Physical therapy evaluation: high complexity</td>
</tr>
<tr>
<td>97165</td>
<td>Occupational therapy evaluation, low complexity</td>
</tr>
</tbody>
</table>
### Procedure Code | Description
---|---
97166 | Occupational therapy evaluation, moderate complexity
97167 | Occupational therapy evaluation, high complexity
G0151 | PT Treatment, 15 minutes
G0152 | OT Treatment, 15 minutes

**COMPENSATION/REIMBURSEMENT INFORMATION**

Providers are compensated in accordance with the financial exhibits of their provider agreements. The SNF will be compensated the contracted per diem rate for the authorized LOC(s), starting on the day of admission and ending on the evening before the day of discharge.

**DOUGMENT HISTORY**

- March 2019: Policy reviewed by committee; clarified inpatient notification time frames and requirements for admissions
- October 2018: Template updates
- July 2017: Policy reviewed by committee; added Tufts Medicare Preferred HMO and Tufts Health Plan SCO product information to combine policies
- January 2017: Template updates
- September 2015: Template conversion, template updates
- July 2015: Added allergy testing/screening policies effective for dates of service on or after October 1, 2015, template updates
- June 2015: Template updates
- June 2014: Policy reviewed, formatting changes, template updates
- September 2013: Template conversion
- January 2013: Template updates
- September 2012: Removed CPT procedure codes 95004, 95024 from note on page 3, as CMS no longer considers these codes as “incident to services”
- June 2012: Added the procedure codes covered only under direct provider supervision, which were previously documented in the Noncovered Services Medical Necessity Guidelines
- April 2012: Template updates
- March 2012: Updated CareLink disclaimer language
- December 2009: Reviewed without changes
- April 2009: Reviewed without changes
- February 2008: Revised general benefit information with self-service channels information

**AUDIT AND DISCLAIMER INFORMATION**

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan’s [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna’s provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.